

Missouri Radiation Control Program Registration of Radiology Services Phone (573) 751-6083, FAX (573) 751-6158



PO Box 5/0,	Jefferson City MO 65102	Phone (5/3) /	751-6083, FAX (573)	/51-6158		- SENIO.
DHSS MRCP Reg#	Complete all fields (ev	en if N/A) and fax or ema	ail form to MRCP@di	hss.mo.gov	Page: 1 of:	
Facility Name:				Teleph		
Facility Address:				Facility		
City, State, Zip				County		
Owned by/Parent Facility (if satellite facility):					
Users (List all physicians a		services of this facility [N	Not applicable for hos	spitals]):		
Users (continued)	- 37	, ,				
Radiation Produ	cina Eauipment	at Facility				
Type/Use of Machine	Location of Machine	Manufacturer	Control	Model	Control Serial Number	# Tubes
Ab 20 22 22 22 22 22 22 22 22 22 22 22 22						
	100000000000000000000000000000000000000			1000 1000 1000		
						la constant de la con
	10000000000000000000000000000000000000	#3555555555555555555555555555555555555			**************************************	
Continue listing on she		tal number medical radia		stacility	Total number of tubes	
Facility Image W	22222222222		itor Data		1	500000000000000000000000000000000000000
Average x-rays/month	verage x-rays/month Most common exam:				% of total x-ray workload	
atients x-rayed/month 2nd most common exam:					% of total x-ray workload	
Average x-rays/patient	Type of proc	essing	Process	sor Brand/Model		
X-ray film Brand/Type		ennouses.	X-ray screen brar	ıd/type		
Processor Service Type		Processor Service	e provided by			
X-ray machine service mai	intenance .		X-ray machine se	rvice by		
Personnel monitoring?	W	ho monitored?	Med ph	ysicist (if applicable	э)	
Radiation Equipmer	nt Operators		*If all operators	are RT's, totals ca	n be given in lieu of names	
Name of Person taking x-r	ay*	% of all x-rays	Years experience	Training in radio	gical procedures/radiation saf	ety
50 050 050 050 050 050 050 050 050 050						
60.000.000.000 5000.0000.0000 5000.0000.00000						
			1,000,000,000,000 1,000,000,000,000,000 1,000,000			
				•		
Continue listing on she	eet 2 if needed	<u> </u>	Total p	imber of people tal	king x-rays at this facility	
Comments/other:	set & II Hecucu		i Otal III	amber or people tar	wing A-rays at this idefility	
Facility Contact Completin	g ⊢orm:		Title:		Date:	

Additional Machine	s and/or Operators (no	ot included on S	Sheet 1)		Page: Of:	
Reg# 0 Faci	lity name:			0		
Type/Use of Machine	Location of Machine	Manufacturer	Contro	l Model	Control Serial Number	# Tubes
				100 (100 (100 (100 (100 (100 (100 (100		
					0.000.000000000000000000000000000000000	
Name of Person taking x-ı	ray	% of procedures	Years experience	e Training in ra	adiogical procedures/radiation sat	ety
